

PRESS FIRMLY TO SEAL

# PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.



WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



EP13L July 2013 OD: 15 x 9.5



PS 10001000059



U.S. POSTAGE PAID  
PME 1-Day  
HATILLO, PR  
00659  
FEB 13, 20  
AMOUNT  
**\$26.50**  
R2305K134656-02



## PRIORITY MAIL EXPRESS®

### CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

JUANITA Perez Monzau  
Calle JAVES 967  
HATILLO P.R. 00659

### DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)\*  
 10:30 AM Delivery Required (additional fee, where available)\*

\*Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)

Clerk's OFFICE  
United States District Court  
Room 150 Federal Building  
SAN JUAN Puerto Rico 00918-1767

ZIP + 4® (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 insurance included.

PEEL FROM THIS CORNER

VISIT US AT **USPS.COM®**  
ORDER FREE SUPPLIES ONLINE



**UNITED STATES  
POSTAL SERVICE®**

PAYMENT BY ACCOUNT (if applicable)			
USPS® Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acct. No.		
ORIGIN (POSTAL SERVICE USE ONLY)			
<input checked="" type="checkbox"/> 1-Day PO ZIP Code 00659		<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YY) 2/14/2020	<input type="checkbox"/> Military Postage \$ 26.50
<input type="checkbox"/> Date Accepted (MM/DD/YY) 2/13/2020		<input type="checkbox"/> Insurance Fee \$	<input type="checkbox"/> COD Fee \$
<input type="checkbox"/> Time Accepted 2:38X		<input type="checkbox"/> 10:30 AM Delivery Fee \$	<input type="checkbox"/> Return Receipt Fee \$
<input type="checkbox"/> Special Handling/Fragile \$		<input type="checkbox"/> Sunday/Holiday Premium Fee \$	<input type="checkbox"/> Live Animal Transportation Fee \$
Weight lbs.      ozs.	<input type="checkbox"/> Flat Rate Flat Rate	Acceptance Employee Initials CR \$ 26.50	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, MARCH 2019 PSN 7690-02-000-9996